

**INDIANA CIVIL RIGHTS COMMISSION  
INDIANA FAIR HOUSING TASK FORCE  
TESTER PROGRAM INFORMATION FORM**



**YES!**

**I AM INTERESTED IN  
BEING A TESTER  
VOLUNTEER**



**NO!**

**UNFORTUNATELY, I AM NO  
LONGER ABLE TO BE A  
TESTER VOLUNTEER**

**NAME** \_\_\_\_\_

**LAST**

**FIRST**

**M.I.**

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **COUNTY** \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**WORK PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FAX:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**RACE/ETHNICITY: (PLEASE IDENTIFY)** \_\_\_\_\_

**(PLEASE CIRCLE)**

**AGE:**      **18-25**      **26-34**      **35-43**      **44-52**      **53-61**      **62+**

**DISTANCE WILLING TO TRAVEL:**      **None**      **1-25 miles**      **26-50 miles**      **51+ miles**

**MARITAL STATUS:**      **Married**      **Single**      **Divorced**      **Widowed**

**GENDER:**      **Male**      **Female**

**CHILDREN UNDER 18: (LIVING AT HOME)**      **Yes**      **No**

**IMPAIRMENT:**      **Vision**      **Hearing**      **Mobility**      **Other**